

Membership Application and Order Form

Use this form to renew a membership, join NCSM, update information, or order items. Complete this form and return with payment. The information you provide will be used by the NCSM office for member communication, mailing lists and the NCSM Membership Directory.

Please Print Legibly or Type

First Name: _____ Middle: _____

Last Name: _____

This is my complete address: ☐ Home ☐ Work

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

NCSM sometimes provides its mailing list to outside companies. These companies have been approved by NCSM to send catalogs, publications, announcements, ads, gifts, etc. Please check the box below to be removed from mailing lists. In addition, by checking this box, only your name without contact information will be included in the NCSM Directory. ☐

Employer: _____

Title: _____

Telephone: (_____) _____

Fax: (_____) _____

Email: _____

Please check all that apply. I am a leader in mathematics education at the following levels:

- | | | |
|--|---|--|
| <input type="checkbox"/> National | <input type="checkbox"/> State Department | <input type="checkbox"/> Coach/Mentor |
| <input type="checkbox"/> Regional (more than one state/province) | <input type="checkbox"/> Board of Education | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> State/Province | <input type="checkbox"/> Superintendent | <input type="checkbox"/> Curriculum Specialist |
| <input type="checkbox"/> District/County/City | <input type="checkbox"/> District Curriculum & Instruction Director | <input type="checkbox"/> Education Technology Provider |
| <input type="checkbox"/> Building | <input type="checkbox"/> Principal | <input type="checkbox"/> Pre-Service Educator |
| <input type="checkbox"/> University/College | <input type="checkbox"/> Department Chair | <input type="checkbox"/> Professional Developer |
| <input type="checkbox"/> Senior High School | <input type="checkbox"/> Curriculum Leader | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Junior High/Middle School | <input type="checkbox"/> Resource Teacher | <input type="checkbox"/> Student |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Grade-Level Leader | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Pre-Kindergarten | <input type="checkbox"/> Teacher Leader | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Government Agency (NSF, DOE, etc.) | <input type="checkbox"/> Author | |

Since designations vary over time, check the one you feel best describes you: (Optional)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian American | <input type="checkbox"/> European American/White | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other _____ | |

Check the area you serve:

- ☐ Rural ☐ Suburban ☐ Urban

Do you influence purchasing decisions?

- ☐ Yes ☐ No

Age:

- ☐ Under 25
☐ 25-34
☐ 35-44
☐ 45-54
☐ 55 and over

Gender:

- ☐ Female
☐ Male

Work Experience:

- ☐ Pre-service teacher
☐ First year on the job
☐ 2-5 years on the job

- ☐ 6-10 years on the job
☐ 11-20 years on the job
☐ 21-30 years on the job
☐ over 30 years on the job
☐ retired

NCSM Tax ID: #39-1556438

Qty.	Item*	Member	Non-Member	P & H**	Sub - Total
PRIME Leadership Framework					
___	1 - 4 Copies (each)	\$16	\$18	\$ 4.95	_____
___	5 - 9 Copies (each)	\$15	\$17	\$10.70	_____
___	10 - 15 Copies (each)	\$14	\$16	\$14.50	_____
___	16-24 Copies (each)	\$13	\$15	**	_____
___	25-49 Copies (each)	\$13	\$15	**	_____
___	50-99 Copies (each)	\$13	\$15	**	_____
___	100 or more (each)	\$12	\$14	**	_____
___	NCSM Member Pin	\$2			_____
		Merchandise Total:		\$	_____
Membership Dues		\$85			\$ _____
TOTAL ORDER:				\$	_____

NCSM Member & Conference Services

6000 E. Evans Avenue 3-205

Denver, CO 80222

Phone: 303-758-9611; Fax: 303-758-9616

Email: office@ncsmonline.org; Web: mathedleadership.org

☐ Visa ☐ MasterCard ☐ Check/Money Order (U.S. funds only)

☐ Discover Card ☐ Purchase Order***

Purchase Order Number: _____

Credit Card#: _____ Exp: ____ / ____

Cardholder Name: _____

Cardholder Signature: _____

***Purchase orders will be accepted for PRIME orders ONLY.

A purchase order number must be included. Please Note: An invoice will NOT be sent. Should you need an invoice, please use this order form.

NEW FOR 2010: If you are 65 years of age or older AND have been an NCSM member in good standing for 15 years or more, you may be interested in and eligible for Emeritus Membership. Find out more by visiting mathedleadership.org or calling NCSM Member and Conference Services.

*Availability of products and prices are subject to change without notice.

**Postage/Handling: Books are sent by USPS. For orders of 16 or more copies, contact NCSM Member & Conference Services for a postage and handling price. Outside the U.S. or for expedited orders, please call for shipping price.

Please return this form to: